IMPROVING PERFORMANCE IN THE INTEGRATED DISABILITY EVALUATION SYSTEM

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**IMPROVING PERFORMANCE IN THE
INTEGRATED DISABILITY EVALUATION SYSTEM**

by

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ABSTRACT

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The Department of Veterans Affairs (VA) and the Department of Defense (DoD) instituted a jointly managed disability evaluation process. This process began as the Disability Evaluation System Pilot (DES-P), initiated in the National Capitol Region (NCR), which eventually expanded to 27 sites. The pilot was declared a success and is now being rolled out world-wide as the Integrated Disability Evaluation System (IDES). In the departments' joint report to Congress dated August 31, 2010. However, the data in the report illustrates that process time has increased consistently since February 2010. Further, while 10,025 Army Soldiers entered the process by January 2011, only 26% had completed the process. Failing to address declining performance impacts the Army's population of medically non-deployable Soldiers and thus medical readiness and the Army Force Generation (ARFORGEN). This paper proposes a more comprehensive data driven performance management system for the execution of the IDES program. The paper also presents metrics to monitor work in process as well as completed work and proposes automation system changes to better monitor performance and respond to surges for both the VA and DOD partners.

IMPROVING PERFORMANCE IN THE
INTEGRATED DISABILITY EVALUATION SYSTEM

Introduction

The Department of Veterans Affairs (VA) and the Department of Defense (DoD) completed a pilot program in 2010 to institute a jointly managed disability evaluation process. This jointly managed process, now called the Integrated Disability Evaluation System (IDES) was initiated as a pilot in the National Capitol Region (NCR) and eventually expanded to involve a total of 27 sites across the continental United States (CONUS).[1] Prior to this pilot, Soldiers who were medically separated from the military faced a requirement to complete two distinct processes to obtain both their Military and VA disability compensation and benefits.

The pilot was declared a success by both departments and is now being rolled out world-wide. In the departments' joint report to Congress dated August 31, 2010, the pilot's success was described in several areas, especially in eliminating the gap in time between a Service member's separation from the military and their receipt of VA compensation.[2] However, the General Accountability Office reports that process time has increased consistently since February 2010.[3] Further, while 10,698 Army Soldiers entered the DES-P/IDES process by January 2011, only 26% had managed to complete the process and the Army's case processing time for a Soldier in IDES grew from 294 days in October 2010[4] to 302 days[5] by January 2011. In concert with this growth in processing time, the IDES is planned to increase in size by roughly double during fiscal year 2011.[6]

On February 14, 2011, The Secretary of Defense issued a memorandum in which he stated, "I recently met with Secretary Shinseki and we agreed on two issues of

critical importance to our departments: reforming the Disability Evaluation System (DES) and achieving an integrated approach for our electronic health record programs".[7] The fact that two Cabinet Secretaries chose reform of the IDES program as one of 2 joint priorities clearly illustrates its importance. While this focus spurred efforts currently underway to redesign and streamline the processes for disability evaluation, developing a deliberate process to monitor and manage the performance, regardless of any future changes, must also be done to ensure the program can efficiently and effectively transition Soldiers (and other Service members) from military service to Veteran status. In addition to the direct impact on wounded, ill, and injured Soldiers, failing to address declining performance (compounded by the expansion of the IDES program to all Army DES sites) will also directly impact the Army's growing population of medically non-deployable Soldiers and thus medical readiness and the Army Force Generation (ARFORGEN) process. Currently there are 13,121 Soldiers enrolled in the IDES process.[8] In short, using a simple sports analogy, the Army has up to three brigade combat teams (BCTs) worth of Soldiers on the bench due to injury and illness and not available to deploy in support of Army missions. This clearly makes IDES performance both a personal issue for individual Soldiers and a significant readiness issue for today's Army.

Veterans Disability Programs

Providing compensation to former military personnel has been an important benefit dating back to birth of our country. In 1782, the new Congress of the United States resolved that "all such sick and wounded soldiers of the army of the United States… shall be discharged, and be entitled to receive as a pension, five dollars per month, in lieu of all pay and emoluments."[9] This practice was further defined in 1785

when congress further resolved that states should "make provisions for officers, soldiers, and seaman, who have been disabled in Service of the United States", specifically addressing care for those "incapable of service or of obtaining a livelihood by labour".[10] So began a long and complicated history of disability compensation for members of the United States Armed Forces.

What began as simple pensions for disability soon evolved into pensions for indigent circumstances[11] followed by a more refined process enacted on March 3, 1873 titled, "An act to revise, consolidate, and amend the Laws relating to Pensions."[12] This legislation contained language to refine how pensions were administered by the Pensions Administration of the Department of the Interior, and how disability might be determined. While previously limited largely to injuries, this act provided for those "disabled by reason of any wound or injury received, or disease contracted, while in the service of the United States in the line of duty".[13] Disability pension was generally provided on the basis of rank, those serving with higher rank receiving higher pension amounts, but this act also specified higher amounts when specific causes were evident (e.g. "those persons entitled to a less pension than hereinafter mentioned, who shall have lost both feet…, shall be entitled to a pension of twenty dollars per month".) This effectively allowed soldiers in the rank of lieutenant and all enlisted ranks to earn a pension comparable to a captain when severe disability occurred in the line of duty. Additionally, this act provided that widows and children of deceased soldiers, who would have otherwise been eligible for a pension, could also receive pension payments under specific terms (un-remarried spouse, children under 16 years old or any age when permanently unable to care for themselves due to illness).This legislation also defined a

specific process whereby pension claims were required to either have a certificate stating the condition was permanent, or "every fourth day of September of an odd year" the pensioner was required to provide a certificate "stating the continuance of the disability".[14]

In many substantial ways, this legislation largely set the stage for the system that survives to this day (i.e. compensation based (in part) on degree of disability, inclusion of medical certification of disability, and allowance for both permanent and temporary disability). Unlike current provisions though, rank/grade still played a significant role in determining compensation in many cases. In 1912, passage of legislation changed this practice. The Sherwood Act of 1912, in addition to providing pension for elderly veterans (starting at 62 years of age) without respect to specific disability, also specified "that the rank in the service shall not be considered in application hereunder."[15] This effectively anchored the payment of compensation to the level of disability, which remains the guiding practice under current law.

Between 1949 and 2004, over forty individual laws were passed governing changes to Veteran related disability compensation and related programs.[16] During roughly the same period of time, legislation for DOD related to disability separations and retirements was relatively sparse, largely restricted to eleven National Defense Authorization Acts (NDAAs) and primarily related to adjusting pay associated with the program and to clarify and sometimes extend eligibility. One such law specifically served, "to remove the statutory distinctions between members of the active and reserve components who are disabled or killed as a result of injury, illness, or disease in

the performance of their military duties or while traveling to or from those military duties".[17]

Military Disability Programs

While the preponderance of legislative history pertaining to disability programs outlined the programs administered by the Department of Veterans Affairs and its predecessors, the role of the military departments and the Department of Defense was relatively marginal in most of this history. Likely the most far reaching legislation on military disability was Public Law 351, The Career Compensation Act of 1949. As the title implies, the act provided a law on a broad range of compensation matters that had previously been developed through numerous smaller acts of Congress. This legislation defined law:

> "To provide pay, allowances, and physical disability retirement for members of the Army, Navy, Air Force, Marine Corps, …, the reserve components thereof,…and for other purposes."[18]

Specific to disability, the law established the authorities of the Secretaries of the Army, Navy, and Air Force to manage the programs for their respective services regarding temporary disability retirements, including the still present requirement for periodic physical examinations to determine potential change in disability status and the 5-year limitation on the temporary status.[19] This act also introduced the standard that established 30% disability as the minimum for disability for either permanent or temporary disability retirement. As stated, "that such disability is 30 per centum or more in accordance with the standard schedule of rating…such member shall be entitled to receive disability retirement pay…"[20] In summary, this act provided the first consolidated and comprehensive law on disability compensation of military personnel by both the

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Department of Defense and the Veterans Administration (subsequently reorganized into the Department of Veterans Affairs effective in 1989). More importantly this act formed the legal basis for Chapter 61, 10 United States Code, which is the regulatory standard by which DOD and the military departments develop policies and regulations that govern the execution of disability evaluation today.[21] Chapter 61, titled Retirement or Separation for Physical Disability, also provides the broad DOD policy for disability separations based on ongoing legislative changes.

Department of Defense Directives (DODD) and Instructions (DODI) have been promulgated to provide implementation guidance and Army Regulations have been published to support Army level execution of these policies, collectively termed the Disability Evaluation System (DES). The current DODD is 1332.18, Separation or Retirement for Physical Disability. This document, published in 1996 and revised in 2003, defines the DES and who is eligible for disability retirement or separation[22] as well as the DOD staff and military department responsibilities and authorities for carrying out this program.[23] The directive states that the each service will develop a service specific DES process that includes medical evaluation; physical disability evaluation, to include appellate review; counseling; and final disposition.[24] The details for execution of the DES are found in DODI 1332.38, Physical Disability. This 73-page document contains 5 enclosures which serve as the procedural guide for DES[25] and defines specific conditions which should cause referral into the DES and those which specifically do not constitute physical disabilities.[26]

The current disability evaluation system is represented by 2 separate processes. The first process is termed the "Legacy DES Process". This process has several service

unique differences, but is generally described in figure 1 below. Most notably, the legacy

process generally does not include any VA actions while the Service member remains

on active duty. All VA examination and rating activities occurs after the Service member

departs the military. The process begins with a referral from a health care provider

indicating that the Service member has been unable to return to duty for a year or is not

expected to be able to return to duty for over a year due to a medical condition(s). This

initiates the DOD medical and physical evaluation processes, including a local Medical

Evaluation Board (MEB) and a centralized/regional Physical Evaluation Board (PEB).

This process presumably results in a medical separation from military service with either

severance or retirement for what are referred to as medically unfitting conditions. Upon

separation the VA disability evaluation process commences to determine all conditions

that result in disability (those determined as unfitting by DOD as well as any additional

conditions claimed by the veteran). The disability rating for all of these conditions

determines how the Veteran is compensated by the VA while only the unfitting
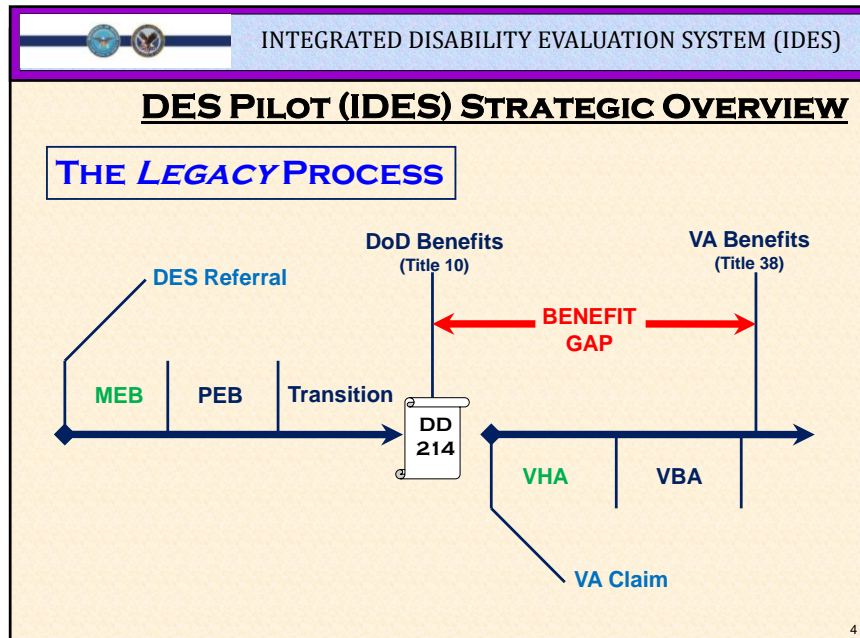
conditions are compensated by DOD.

Figure 1[27]

The time to move a Soldier from referral to a fully compensated Veteran under this system is estimated to take an average of 540 days.[28] Additionally, the period labeled "Benefit Gap" in Figure 1 represents a variable timeframe when a new Veteran/separated Soldier is without VA compensation for their disability.

Integrated Disability Evaluation System

The combination of the extensive timeframe between referral and full compensation and the negative consequences of the benefit gap drove VA and DOD to develop the second DES process currently operating. This process is the Integrated Disability Evaluation System (IDES). IDES is illustrated in Figure 2 below.
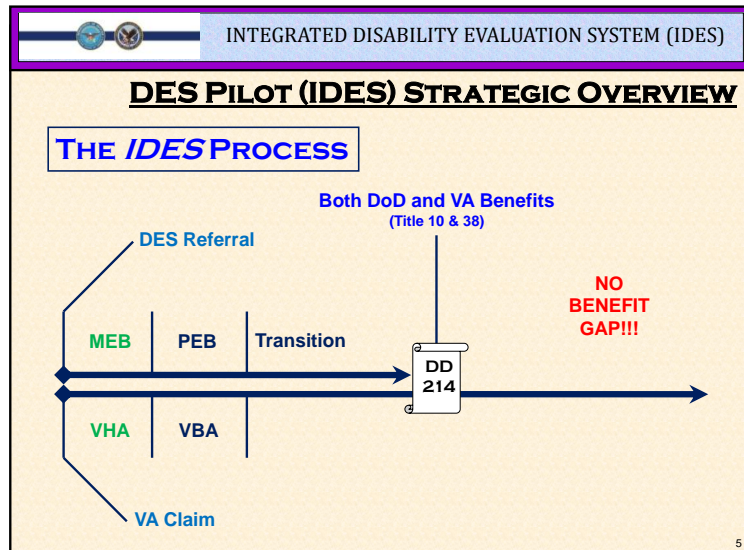
Figure 2[29]

As discussed in the introduction, IDES originated as a pilot program within the National Capitol Region and is now in the process of being fully implemented for all Service members. The process combines medical examinations conducted by VA and DOD (listed as MEB/VHA) and integrates the disability evaluation and rating processes (PEB/VBA). The integrated process allows service members to not only reduce the time they spend in the process, but it also allows them to receive VA compensation at the earliest date allowable by law after military separation.

<u>Disability Evaluation Performance</u>

While there is clearly a substantial volume of legislative, regulatory, and policy material written on physical disability and disability compensation for both DOD and VA, there is very little language directing specific performance measures in the current regulations with the exception of time standards for completion of various case processing steps.

Table 1 below lists the primary time standards currently listed in DODI 1332.38.

Processing Stage	Standard
From diagnosis for a medical condition resulting in a member being unable to return to duty to referral into DES	1 Year
Medical Evaluation Board (MEB) report sent to Physical Evaluation Board (PEB)	Within 30 days of dictation
For cases of Reserve component members referred for solely a fitness determination on a non-duty related condition, processing time for conduct of MEB or physical examination	90 days
From receipt of MEB or physical examination report by the PEB to the date of the determination of the final reviewing authority	40 days

Table 1[30]

More rigorous performance standards were developed to guide the IDES process. During the pilot phase, VA and DOD developed a series of timelines to frame the various steps in the IDES process. These steps and their respective timelines are described in Figure 3 below. This figure also compares the IDES standards to the estimated Legacy Process. Additionally, the figure describes the expected timeline differences in conducting IDES for reserve component personnel. While the IDES process was devised with better performance standards, current data indicates that the departments have not met many of them.
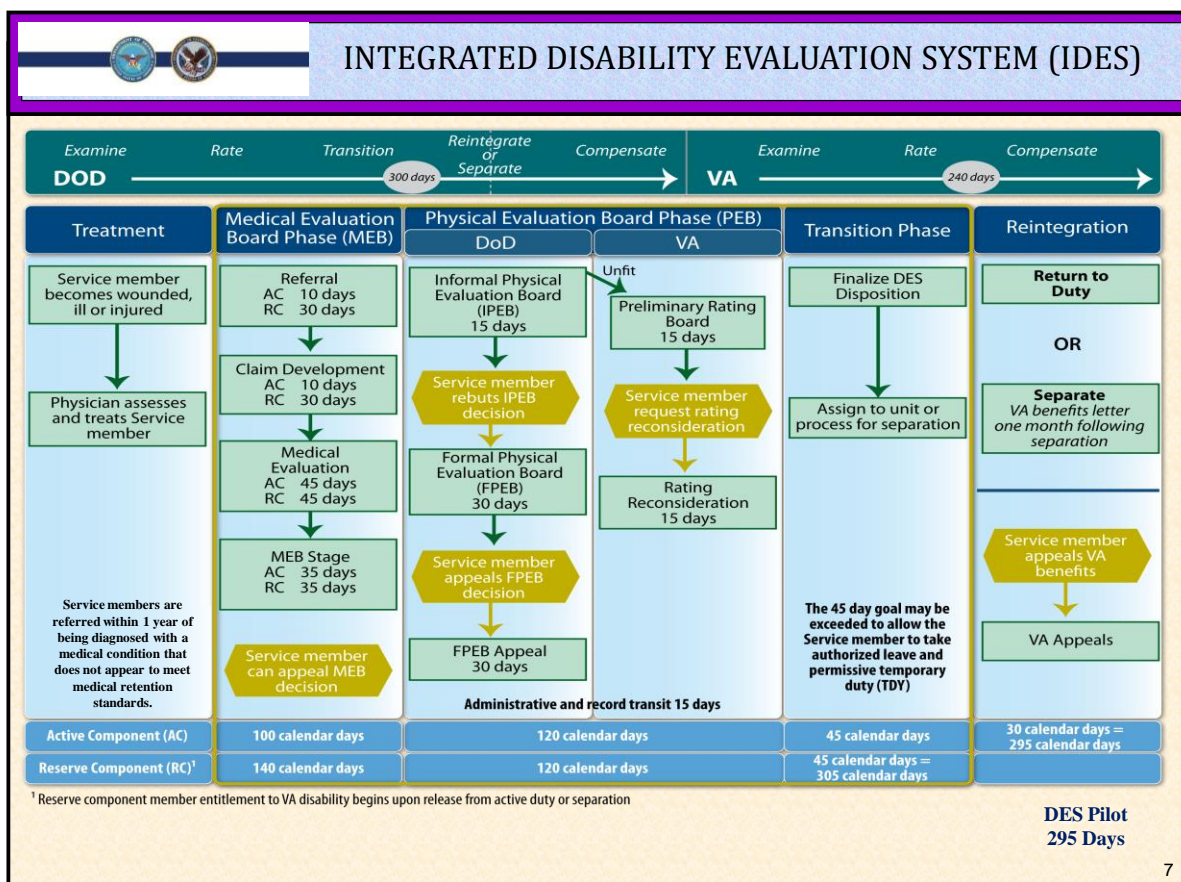
INTEGRATED DISABILITY EVALUATION SYSTEM (IDES)

Figure 3[31]

IDES Performance Data Collection

Numerous data collection, monitoring, and reporting systems operate around and within the IDES process. Figure 4 summarizes these systems which are described in more detail below.

System	Business Owner	Function
Medical Evaluation Board Internal Tracking Tool (MEBITT)	US Army	Provides tracking tool and administrative support to PEBLOs and PEB administrative staff. System also feeds data to internet application allowing Soldiers to track status of their individual case.
Veterans Tracking Application (VTA) IDES Module	VA/DOD	Developed to provide a tracking of DES-Pilot and IDES cases (through manually entered dates) from referral to completion of the process. Includes limited demographic and other data elements.
Veterans Health Information Systems and Technology Architecture (VISTA)	VA – VHA	Provides overarching IT infrastructure on VHA software systems which support health care operations and medical and administrative record keeping functions.
Computerized Patient Record System (CPRS)	VA – VHA	The comprehensive electronic medical record for VA health care.
Compensation Pension Records Interchange (CAPRI)	VA – VHA/VBA	Provides an IT portal between VHA and VBA for exchanging medical data and a standardized mechanism for reporting examination results in support of the C&P rating process.
Veterans Examination Request Information System (VERIS)	VA – VBA	Provides an IT portal between VBA and contract examiners for exchanging medical data and a standardized mechanism for reporting examination results in support of the C&P rating process.
Automated Medical Information Exchange (AMIE)	VA – VHA/VBA	As an overarching software solution, provides reporting options for both VHA and VBA regarding administrative procedures involved in sending medical information (used in determining Veteran benefit payments) from the VA medical centers to the VA regional offices.
Veterans Benefits Administration (VBA) Corporate Database	VA – VBA	Supports the VBA systems used to administer Veterans benefits including compensation and pension benefits. Provides field access to the corporate data through the Veterans Service Network (VETSNET) Operations Reporting program supporting performance management and operational decision making efforts within VBA.

Figure 4

The primary automated performance tracking application for IDES is the

Veterans Tracking Application (VTA) IDES Module. The data in this system supports the

publishing of both VA and DOD reports and primarily consists of demographic data for

each Service member collected at the initiation of the IDES process and a series of

dates as various portions of the IDES process are completed. All IDES related VTA data

is manually entered by various administrative personnel throughout the IDES process

with the exception of a limited number of demographic data points that are pulled at the

initiation of the IDES process. The personnel who manually enter the data are both

DOD and VA staff and are provided access to enter specific data points based on their role in the system.

Army Physical Evaluation Board Liaison Officers (PEBLOs) also enter data into a system called Medical Evaluation Board Internal Tracking Tool (MEBITT).[32] This automated tool, as the title indicates, provides a tracking capability for the PEBLO and military treatment facility. MEBITT also provides data to the My MEB/PEB Portal for Army Soldiers in the MEB/PEB process, allowing both to have real time access to the most currently updated status of each case tracked. As with the VTA IDES Module, there are no data points entered in MEBITT automatically from any other DOD or VA automated system. Unlike VTA, only Army personnel have access to MEBITT data and reports.

Along with VTA and MEBITT, most IDES sites have developed various local data tracking processes. These local efforts include simple spreadsheets as well as more complex database applications. At Ft. Wainwright and Ft. Richardson, the spreadsheets are managed by the Patient Administration Division (in addition to the VTA and MEBITT data entry requirements) in order to provide specific visibility of the Soldiers navigating the IDES process in Alaska. Similarly, at Ft. Carson the Army and VA utilize a database developed jointly by both parties. This database is accessible by both departments and provides local capability to extract data, prepare reports, and conduct analysis in support of local program management.

In addition to data captured specifically to monitor IDES, there are a number of routine business systems operated by VA and DOD which document work flow related to IDES performance. Within VHA the Veterans Health Information Systems and

Technology Architecture (VISTA) supports day-to-day operations at local Department of

Veterans Affairs (VA) health care facilities.[33] VISTA captures clinical data including the

interface for health care providers called the Computerized Patient Record System

(CPRS). VISTA also provides the infrastructure for a broad range of administrative and

financial information management systems including the Compensation Pension

Records Interchange (CAPRI). VHA clinicians and VBA claims staff share data through

CAPRI. (VBA also operates the Veterans Examination Request Information System

(VERIS) to capture examination results where contract examiners outside VHA

management are used in the C&P process.) CARPI supports VBA's Veteran Service

Representatives and Decision Review Officers in building the rating decision

documentation with online access to medical data and a standardized mechanism for

reporting examination results. The Automated Medical Information Exchange (AMIE)

software automates the administrative procedures involved in sending medical

information (used in determining Veteran benefit payments) from the VA medical

centers to the VA regional offices and provides reporting options for both VHA and VBA.

Finally, the VHA Support Service Center (VSSC) provides data to established internal

VA organizations/program offices for the purpose of health care delivery analysis and

evaluation. VSSC executes this mission through a collection of user accessible online

report generation tools and staff support, but it is not currently leveraged to support

management of the IDES program. All VSSC data is from information systems operated

by the VA.

VBA collects transactional data in the Veterans Benefits Administration (VBA)

Corporate Database. This database supports the VBA systems used to administer

Veterans benefits including compensation and pension benefits. Similar to the VHA VSSC program, field access to the corporate data is available internally through the Veterans Service Network (VETSNET) Operations Reporting program which pulls selected data fields to support performance management and operational decision making efforts within VBA. Similar to the VSSC, much of the VETSNET capability is focused on management of the entire VA C&P process and is not specifically leveraged to support IDES management.

Current IDES Performance Measurement

Both the VA and DOD produce frequent reports on the performance of the IDES process. The VA produces a DES Pilot Program Trend Report which presents timeliness performance for the Referral, Claim Development, Medical Evaluation, MEB, and PEB stages of the current IDES program.[34] The data is presented in cohorts based on the month a Service member was enrolled in IDES and graphically demonstrates the number in each stage by those cohorts. The report also provides the average number of days to complete a stage once any cohort has over 90% of its members complete for the stage. Finally, the report provides a summarized narrative on trends and a statement of specific missing data elements that impact the data presented.

Until January 2011, DOD produced an IDES Weekly Report. The report had a revolving 4-week cycle of appendices.[35] The base report provided the status of new site preparedness for IDES implementation and data tables describing the number of Service members enrolled, average case processing times for the various stages and end to end, and figures on PEB activity. The appendices (4) were presented one per weekly report in a four week cycle. The four topics were Outliers[36] (reported data on Service members currently in IDES by overall and stage timeliness both by service and

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by IDES military base location); Case Processing[37] (reported average time to complete each stage since 2008 both by service and by IDES military base location); By Location[38] (reported enrollment and disposition of Service Members as well as average time to complete each stage by military location); and Survey Analysis[39] (reported DES customer feedback data by service comparing IDES and Legacy DES satisfaction). Beginning in February 2011, DOD began publishing a monthly IDES report in lieu of the weekly reports. This report format is currently being refined but is expected to present some general performance data similar to the previous weekly reports, but will also include more detailed/targeted data on specific performance challenges within the IDES program.

The common source for all data in the VA and DOD reports described above is VTA. This system, as mentioned above, is predominately a manual entry electronic tracking tool. While data is collected in the various business systems of the VA and DOD, none of the performance data in VTA is pulled from these systems. One result of the requirement to manually enter data into VTA is that there are numerous missing data elements. A recent report from the VA listed 1257 cases of missing dates for seven different categories.[40] In addition to missing data, the manual entry process is known to produce delays in data entry and simple data entry errors, both resulting in misrepresentation of current status and past performance. These gaps in data quality clearly present challenges in measuring performance of this complex process.

Historical DES performance measurement, as described above, has been largely driven by standards for timeliness. This singular focus clearly falls short of a comprehensive process. While the timeliness focus certainly serves some value to the

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personnel going through the process and can provide leaders responsible for the

programs with some understanding of how the processes are running, it often fails to

address critical quality requirements. While predating the IDES process, a 2007 Institute

of Medicine report reviewing the VA disability process stated this same challenge quite

plainly:

> "Quality assurance of medical examinations and ratings currently is process
>
> oriented—meaning, focused on whether the information provided on the
>
> examination form was complete and timely, not whether it was correct."[41]

> More recently, the GAO noted that while the IDES program has mechanisms to

monitor these timeliness measures, leaders "do not have a comprehensive monitoring

plan for identifying problems as they occur – such as staffing shortages and

insufficiencies of exams – in order to take remedial actions as early as possible".[42]

Taken together, these findings illustrate the risk of creating a data collection process

which collects vast amounts of data, but fails to adequately inform an organization about

system performance and, more importantly, fails to support timely decision-making

necessary to ensure quality is maintained.

Effective Performance Management

Webster's' Dictionary defines performance as, "The act or process of carrying out

something"[43], and management as, "the executive function of planning, organizing,

coordinating, directing, controlling, and supervising any … activity with responsibility for

results."[44] Perhaps the single greatest challenge in effectively managing the

performance of the IDES is determining what to measure and monitor. Stakeholders for

the IDES process hold diverse priorities. While the services strive to enhance efficiency

to reduce the time required to complete the average case, Service members likely are equally concerned that they get fair and accurate evaluations and ratings so they receive the optimal economic outcome at the end of the process. A mix of measures are required to monitor, and perhaps predict, performance related to these key stakeholder requirements.

As these complex needs are met, it is also important to balance the desire for strict accountability (esp. cost and process measurement) with a culture of performance improvement. In fact, as the Webster definitions above illustrates, performance management might be broadly interpreted for many purposes. Nico Pronk wrote that there are four different reasons for measuring performance: "Decision-Making, Accountability, Improvement, and Surveillance, Longitudinal Analysis and Knowledge Discovery" and that each type or reason likely carries a different data requirement, audience, and targeted effect.[45]

This paper is focused on performance management activities specifically to improve the performance and decision-making in the IDES and not to examine personnel performance, accountability, or other important activities. While the focus is narrowed, the recommended activities are likely to impact the other management practices. As Ron J. Anderson, et.al., reported in 2007, "a culture of performance improvement is not just compatible, but is complementary with, a culture of quality".[46] Moreover, it is quite likely that the improvement of IDES program performance will improve accountability and other important management concerns.

It is also important to recognize that data collection for performance improvement is also different from data collection for research. When conducting research, it is

common to collect data "just in case" it may support the goal of confirming or denying a hypothesis. Research driven data collection is also strongly constrained by statistical requirements for validity and reliability in order to make strong statements regarding a specific hypothesis.[47] In performance improvement the intent is to collect "just enough" data to observe a process and determine how to gain efficiency or effectiveness.[48] Ultimately, data collection and performance management systems must focus on generating information for reinforcing successful current practices or driving changes.

While considering these varied potential conflicts, the selection of specific metrics presents and even more basic challenge. As Duke Okes states, "Selecting the right metrics, of course, will only be useful if the resulting information is available to those who can act on it."[49] Moreover, the metrics must also be aligned with the higher level strategic objectives (nested)[50] in order to ensure that the resulting performance is supporting the overall goals of the enterprise. In the case of IDES, these goals must be established by the Departments and clearly stated in guidance to the respective executors in the field.

Performance Assessment

Avedis Donabedian provided a time tested approach to performance assessment in his 1980 publication titled "Explorations in Quality Assessment and Monitoring". Donabedian states that quality is a product of the effective management of structures, processes, and outcomes, each a necessary component to ensure a quality service. Under this model, structure is equivalent to resources (e.g., personnel, equipment, facilities, training, and support). Structure must be provided in adequate quantity and quality and be present at the necessary location in order to properly support good performance. Process is simply the set of activities utilized by those providing the

service, specifically what tasks personnel do and how they do each task. Outcome is the resulting product of the structures and processes that are established for a specific purpose. Outcomes include improvements in health from health care delivered or satisfaction of with the delivery of a product. Outcomes may also include the endpoints of sub-processes within a larger program [51] such as the IDES (i.e., development of a claim, completion of a medical examination, or rating of a claim for disability.)

Clearly the measurement of performance and performance improvement require careful collection of data as discussed above. The manner in which the data is collected reflects only one aspect of data collection. As John R. Schultz, who wrote on the use of performance improvement data in the service industry notes, when collecting data for performance improvement (and for accountability and research as well), the primary purpose is to draw conclusions and make decisions.[52] In short, performance measurement cannot simply note measures and identify trends; it should drive to the cause of variance from the goals/standards and identify ways to fix poor performance and sustain exceptional performance.[53] Schultz also warns that a balance must be struck, however, between the use of data for team and overall process improvement and that use of the same data in pursuing individual accountability for lack of performance. He notes, "When data are collected under conditions of fear and distrust, in most cases, (they) will not reflect true issues or concerns, as some facts may remain hidden, buried, or not reported."[54] With the proper balance, data collection ultimately becomes a quest for understanding what the data indicates or predicts with a goal of determining predictors of success or failure in advance of the occurrence.[55]

Development of a sufficiently sophisticated enterprise-wide information technology (IT) platform facilitates both data collection and analysis. IT should also effectively support executors with both data collection and analysis.[56] Moreover, since it is not enough to simply collect and analyze data, a well designed and implemented system is critical for decisively acting on problems identified by the analysis. Perhaps most concisely stated by Patrice Spath, "The real value is in knowing where improvements are needed and being able to act on that information".[57] A solid performance measurement program provides a system (generally involving IT) to collect and aggregate data, generate metrics on performance, and allow sufficient analysis of specific aspects of performance to drive proactive decision-making. The program's ultimate value is measured in its ability to generate useful information for decision-makers, not simply for presentation of data in charts, graphs, and tables.[58] Expanding IT support in the performance measurement arena becomes an obvious requirement and must include programs to collect data, calculate measures from existing systems, develop data warehouses and flexible reporting capabilities, and provide centralized analytical support for local decision support.[59]

IDES is a complex system. Measuring and managing the performance of this system is likewise complicated. The current systems for managing the data related to the IDES program are largely not integrated, to include the shared VTA data system. The lack of integration among the systems collecting and holding IDES related data substantially limits the ability to synchronize data among the systems and to conduct real time analysis. Further, access to the data is significantly limited between the departments as well as along the chain of command/supervision responsible for

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execution and oversight of IDES. With regard to what is measured, there are well defined timeliness metrics for all steps in the IDES process. But the ability to calculate the metrics is time intensive and not readily available at the local execution level. Further, these are all process measures, the largely reflect only work that is complete, and they generally lag behind with regard to current performance and become even less reflective of current performance in smaller sites.[60] In addition to the lack of structure and outcome components, these process measures also lack enough fidelity to determine why a particular measure is above or below the desired goal.

<u>Recommendations</u>

The most fundamental requirement for IDES program improvement is the development of a performance improvement focus in the management of this critical program. This focus can only be established with the support of leaders throughout the program. Leaders must focus on identification of issues and challenges and reward staffs throughout the program who do so. They must also seek out and support problem solving at the execution level. The most effective way to support this activity is to develop systems to provide transparent data and information to all participants in the program (from patients to individual staff members). That level of information transparency will require personal leadership and leadership support and focus on the development of a comprehensive information technology based decision support system. Development and fielding of this system is a primary enabler for the entire performance improvement effort.

The VA and DOD must develop an effective decision support structure as stated above. This structure must support decisions from the field level through the various intervening headquarters, to the VA and DOD leadership levels. The system should

likewise support reporting requirements for oversight by interested stakeholder groups including Congress and the Executive Branch. Current metrics and data support the measure of process performance (specifically timeliness) of most steps in the IDES program, but the data is not accurate, timely, or readily available to decision makers across the enterprise. Issues of data accuracy can largely be addressed through integration of data sets which exist in either DOD or VA systems, including the gaps filled with the data sets in the VTA. That integration effort will be discussed further in recommendations regarding the development of a more robust IT solution to support IDES.

In addition to available process measures, it is critical that IDES develop measures and a mechanism for data collection to more effectively assess structure and outcomes. The IDES Deployment Readiness matrix describes a series of structure related components that should be in place prior to beginning IDES at a given location. Key among theses structural components are staffing requirements (PEBLOS, MSC, MEB Providers, and C&P Examiners). While these are considered prerequisites for starting, a mechanism must be developed to measure the adequacy of these key IDES personnel and their capabilities after IDES is initiated. Knowledge of these and other structural measures such as IT capability, facility space, etc., provide visibility of a key part of performance capability that may predict process success or failure in advance of lagging timeliness or growing queues of cases in each step of the IDES program. Likewise there must be a concerted effort to develop more robust measures of the outcomes of IDES. While satisfaction data is collected from participants, it is not broadly analyzed to evaluate what aspects of the program most impact the satisfaction of the

Service members in IDES. Further, there is no systematic collection of data on the quality of work completed in any step of the process. Claims are not reviewed for completeness after they are processed (e.g., comparison of initial claim data against final claim data in terms of conditions referred or claimed, records collected, or other claim development work), exams and MEBs are not reviewed after completion (e.g., quantitative measure of errors, incomplete information, or returns for clarification or revision), and there is no concerted effort to evaluate the Formal PEB (FPEB), FPEB Appeal, or Rating Reconsiderations to determine if they collectively offer opportunities for improvement of the program. In short, simple satisfaction data is an inadequate measure of IDES outcomes.

Data collection, aggregation, and analysis in this complex program are clearly dependent on the use of IT systems. Perhaps the most significant component required for performance management across the IDES program is an integrated information and workflow management system. The core of such a system should be a robust and flexible IT support system. As previously discussed, there are numerous IT systems used to collect IDES data, both centrally and locally. The most central system, VTA, does not contain effective analytical capability for the multiple IDES users and decision makers and it provides no information for the IDES participants. The other corporate systems (VA and DOD) do not share data nor allow simple access to users from both departments. The number of Service and locally developed solutions to assist both participants and local decision makers is testimony to the unmet need for this capability.

VA and DOD must develop an integrated information technology solution to support this program. The system must be capable of providing real time access to

measure for IDES performance and that access must be common among all staff at
every level to support timely and effective decisions ranging from the appropriate next
step for a single IDES participant to a system wide resourcing decision at the VA or
DOD level. A high level model for this approach is presented in figure 4.
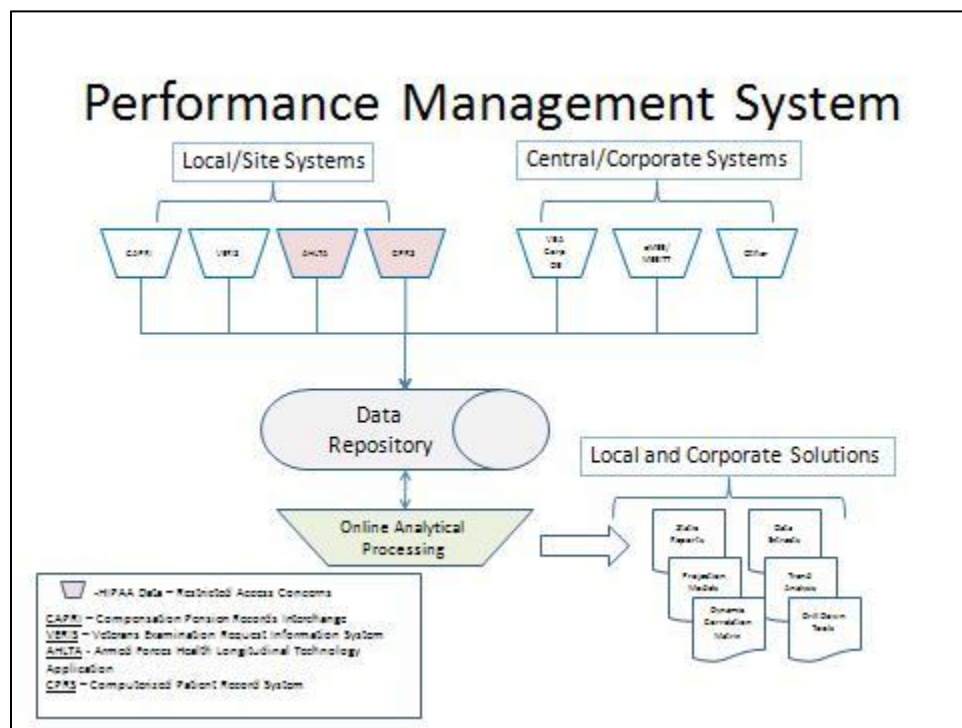

Figure 4

In this model, data is collected from the first logical information system where the data is
generated. Duplicate data entry is minimized through the integration of these systems
and funneled to the data warehouse. The data warehouse is a single collection point for
both real time and historical data regarding the program. It is likely that the data
structure of the IDES module in VTA will contain a reasonable starting point in the
development of this key component of the IDES IT system. The final component is the
universally accessible online analytical processing (OLAP) function. OLAP provides the
user interface for numerous functions and serves as the critical decision support

capability. Standardized tools such as reports and reminder lists provide simple information to monitor performance. More complex analytical tools should be developed to allow data quality assessments, statistical modeling, cost and quality assessments, etc. This is also the component that would allow the IDES participant to gain real time visibility of their case. The depth and breadth of OLAP capability is immense and provides powerful support to decision makers across the spectrum.

<u>Conclusion</u>

Programs for providing both disability assessments and compensation have been a cornerstone of benefits afforded those who serve in the United States military. These programs grew and evolved literally from the birth of our nation. They are now exceedingly complex, both from the political and the execution perspective. This complexity demands a purposeful and focused effort to monitor and manage the performance of the program and to allow for proper oversight. Current disability programs provide reasonably fair and equitable disability benefits in a manner that is generally efficient and supportive of the readiness needs of the military, but there is significant room for improvement. This paper has presented recommendations for a broad range of changes. Changes are required in strategy and approach to performance and to the use of technology to support decision makers. Senior VA and DOD leaders must focus on developing the tools and environment that the executors require but cannot dictate or develop at their level. These recommendations provide a framework for this type of deliberate and broad ranging performance management program which the IDES program requires. The pressures for implementing substantial improvement will only increase under the impending budgetary and economic challenges our country and the government is expected to face in the coming years.

The time is right for implementing this comprehensive approach to support Soldiers and

their Families, as well as the continuing readiness needs of our Army.

<u>Endnotes</u>

[1] Report to Congress on the Department of Defense and Department of Veterans Affairs Disability Evaluation System Pilot. Under Secretary of Defense for Personnel and Readiness, Under Secretary of Veterans Affairs, Veterans Health Administration, and Acting Under Secretary of Veterans Affairs, Veterans Benefits Administration, August 31, 2010, pages 12 and 20.

[2] Under the Disability Evaluation System – Pilot and the Integrated Disability Evaluation System, the VA benefit is delivered at the earliest date allowed by law, roughly 30 days after the Service member's separation date.

[3] U.S. Government Accountability Office, Military and Veterans Disability System: Preliminary Observations on Evaluation and Planned Expansion of DOD/VA Pilot, Testimony Before the Committee on Veterans Affairs, U.S. Senate, November 18, 2010.

[4] Integrated Disability Evaluation System (IDES) Weekly Report, With Survey Analysis Appendix. Wounded Warrior Care and Transition Policy, Department of Defense, October 4, 2010 to October 10, 2010.

[5] Integrated Disability Evaluation System (IDES) Weekly Report, With Outlier Appendix. Wounded Warrior Care and Transition Policy, Department of Defense, December 27, 2010 to January 2, 2011.

[6] Report to Congress on the Department of Defense and Department of Veterans Affairs Disability Evaluation System Pilot. Under Secretary of Defense for Personnel and Readiness, Under Secretary of Veterans Affairs, Veterans Health Administration, and Acting Under Secretary of Veterans Affairs, Veterans Benefits Administration, August 31, 2010.

[7] Secretary of Defense, Memorandum for Deputy Secretary of Defense, Subject: Follow-on to Meeting with Veterans Affairs (VA) Secretary Shinseki, February 14, 2011.

[8] Integrated Disability Evaluation System, Monthly Report Supplement, Wounded Warrior Care and Transition Policy, Department of Defense, April 2011, 4.

[9] A Century of Lawmaking for a New Nation: U.S. Congressional Documents and Debates, 1774 – 1875 Journals of the Continental Congress, Volume 22, page 210 (Accessed January 10, 2011, http://memory.loc.gov/cgi-bin/ampage?collId=lljc&fileName=022/lljc022.db&recNum=218&itemLink=r%3Fammem%2Fhlaw%3A@field%28DOCID%2B@lit%28jc0221%29%29%230220001&linkText=1)

[10] By the United States in Congress assembled. June 7, 1785 : Resolved, that it be and it is hereby recommended to the several states, to make provision for officers, soldiers or seamen, who have been disabled in the service of the United States, in the following manner, viz. ... United States. Continental Congress. [New York : Francis Childs, 1785] Printer from Journals of the Continental Congress, v. 29, p. 924; place and date from Evans. Accessed January 4, 2011

[11] A Century of Lawmaking for a New Nation: U.S. Congressional Documents and Debates, 1774 – 1875 Statutes at Large, 9th Congress. Accessed January 4, 2011, http://memory.loc.gov/ammem/amlaw/lwsl.html

[12] A Century of Lawmaking for a New Nation: U.S. Congressional Documents and Debates, 1774 - 1875
Statutes at Large, 42nd Congress, 3rd Session, Pages 566-577. (Accessed January 4, 2011, http://memory.loc.gov/cgi-bin/ampage?collId=llsl&fileName=017/llsl017.db&recNum=607

[13] Ibid.

[14] A Century of Lawmaking for a New Nation: U.S. Congressional Documents and Debates, 1774 - 1875
Statutes at Large, 42nd Congress, 3rd Session, Pages 566-577. (Accessed January 4, 2011, http://memory.loc.gov/cgi-bin/ampage?collId=llsl&fileName=017/llsl017.db&recNum=607).

[15] The Statutes at Large of the United States of America, From March, 1911, to March, 1913, Concurrent Resolutions of the Two Houses of Congress. 62nd Congress, pages 112-114. (Accessed January 10, 2011, http://www.constitution.org/uslaw/sal/037_statutes_at_large.pdf).

[16] VA Disability Compensation Program, Legislative History, VA Office of Policy, Planning, and Preparedness, Department of Veterans Affairs, December 2004.

[17] Military Compensation Background Papers, 6th Edition, Department of Defense, Under Secretary of Defense for Personnel and Readiness, May 2005. Pgs

[18] The United States Statutes at Large, Containing the Laws and Concurrent Resolutions Enacted During the First Session of the Eighty-First Congress of The United States of America, 1949
Volume 63, pages 802-841. (Accessed January 10, 2011, http://www.constitution.org/uslaw/sal/063_statutes_at_large.pdf)

[19] Ibid, 816, 819.

[20] Ibid 816, 817.

[21] Retirement or Separation for Physical Disability, 10 United States Code, Chapter 61, 10 February 2010. (Accessed on January 19, 2011 at http://uscode.house.gov/download/pls/10C61.txt.)

[22] Department of Defense Directive 1332.18, Separation or Retirement for Physical Disability, November 4, 1996, Certified Current as of December 1, 2003, pages 2-4 (Accessed January 19, 2011 at http://www.dtic.mil/whs/directives/corres/pdf/133218p.pdf).

[23] Ibid, 5-7.

[24] Ibid, 2.

[25] The Department of Defense is currently staffing a revision of DODI 1332.18 and a new document DOD Manual 1332.18-M, Disability Evaluation System (DES) Manual. Publishing date has not been determined but the intent is to incorporate language to facilitate the combined VA/DOD DES processes and incorporate and cancel DODI 1332.38 .

[26] Department of Defense Instruction1332.38, Physical Disability Evaluation, November 14, 1996, Incorporating Change 1, July 10, 2006. (Accessed January 19, 2011 at http://www.dtic.mil/whs/directives/corres/pdf/133238p.pdf)

[27] Fundamentals of The Integrated Disability Evaluation System (IDES 101), Briefing for IDES Implementation Training, November 16, 2010.

[28] Department of Defense and Department of Veterans Affairs, Report to Congress on The Department of Defense and Department of Veterans Affairs Disability Evaluation System Pilot Program; August 31, 2010.

[29] Fundamentals of The Integrated Disability Evaluation System (IDES 101), November 16, 2010.

[30] Department of Defense Instruction1332.38, Physical Disability Evaluation, November 14, 1996, Incorporating Change 1, July 10, 2006. Pages 20-21. (Accessed January 19, 2011 at http://www.dtic.mil/whs/directives/corres/pdf/133238p.pdf)

[31] Fundamentals of The Integrated Disability Evaluation System (IDES 101), November 16, 2010.

[32] A new system, eMEB, is in the process of fielding. This system operates from the Army Knowledge Online (AKO) platform and is expected to replace MEBITT once completed.

[33] VistA-HealtheVet Monograph, Department of Veterans Affairs Office of Enterprise Development, July 2008.

[34] DES Pilot Program Trend Report, National Center for Veterans Analysis and Statistics, Week of 12/6/10 – 12/26/10.

[35] Integrated Disability Evaluation System (IDES) Weekly Report, With Outlier Appendix. Wounded Warrior Care and Transition Policy, Department of Defense (dates vary).

[36] Integrated Disability Evaluation System (IDES) Weekly Report, With Outlier Appendix. Wounded Warrior Care and Transition Policy, Department of Defense, December 27, 2010 – January 2, 2011.

[37] Integrated Disability Evaluation System (IDES) Weekly Report, With Case Processing by Stage Appendix. Wounded Warrior Care and Transition Policy, Department of Defense, December 22, 2010 – December 26, 2010.

[38] Integrated Disability Evaluation System (IDES) Weekly Report, With By Location Appendix. Wounded Warrior Care and Transition Policy, Department of Defense, December 13, 2010 – December 19, 2010.

[39] Integrated Disability Evaluation System (IDES) Weekly Report, With Survey Analysis Appendix. Wounded Warrior Care and Transition Policy, Department of Defense, December 6, 2010 – December 12, 2010.

[40] DES Pilot Program Trend Report, National Center for Veterans Analysis and Statistics, Week of 1/10/11– 1/16/11.

[41] A 21st Century System For Evaluating Veterans For Disability Benefits. Michael McGeary, Morgan A. Ford, Susan R. McCutchen, and David K. Barnes. IOM (Institute of Medicine). The National Academies Press, 2007.

[42] United States Government Accountability Office, Military Veterans and Disability System; Pilot Has Achieved Some Goals, but Further Planning and Monitoring Needed. (Washington, DC: U.S. Government Accountability Office, December 2010), 40.

[43] "Performance." (1981). P. Grove (Ed.), *Websters Third New International Dictionary of the English Language Unabridged.* Springfield, Massachusetts.

[44] "Management". *Websters Third New International Dictionary of the English Language Unabridged.*

[45] Nico Pronk, The Four Faces of Measurement, Health and Fitness Journal, 9, 5 (September/October 2005), 34.

[46] Ron J. Anderson, Ruben Amarasingham, and S. Sue Pickens, Response from Feature Authors, Frontiers in Health Services Management, 23 (Summer 2007), 44-45.

[47] Robert C. Lloyd, "In God We Trust; All Others Bring Data," Frontiers in Health Services Management, 23 (Summer 2007), 35.

[48] Ibid, 35.

[49] Duke Okes, "Driven by Metrics," Quality Progress, 41, 9 (September 2008): 51

[50] Ibid.

[51] Avedis Donabedian, Explorations in Quality Assessment and Monitoring, Volume 1: The Definition of Quality and Approaches to Its Assessment and Monitoring (Chicago: Health Administration Press, 1980), 79-84.

[52] John R. Schultz, Measuring Service Industry Performance; Some Basic Concepts, Performance Improvement, 45, 4 (April 2006), 14.

[53] Ibid, 16.

[54] Ibid, 17.

[55] Robert C. Lloyd, "In God We Trust; All Others Bring Data," 37.

[56] Ron J. Anderson, et.al., Response from Feature Authors, , 23-24.

[57] Patrice L. Spath, Taming the Measurement Monster, Frontiers in Health Services Management, 23 (Summer 2007), 13.

[58] Ibid, 8.

[59] Ibid, 12.

[60] Smaller IDES sites (those who complete less work per month) are subject to having a great deal of variance in metrics that are calculated as averages of work completed because single outliers have a far greater impact on average timeliness calculations.